



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

FILED

04 SEP -2 PM 4:16

CANDIDATE COMMITTEE  
COVER PAGE

FOR OFFICIAL USE ONLY

Report must be legible, typed or printed in ink and signed by the treasurer (or designated record keeper) and candidate.

3. This Statement covers From: <u>7</u> <u>AM</u> <u>04</u> to <u>8</u> <u>23</u> <u>04</u> Mo Day Year Mo Day Year	
Committee I.D. Number <u>137479</u> Committee Name <u>CTE Darrin York</u>	4. Candidate Last Name <u>York</u> First Name <u>Darrin</u> M.I. <u>S.</u> 4a. Office Sought Including District # or Community Served (If applicable) <u>Harrison Township Treasurer</u> 4b. County of Residence <u>Macomb</u>
Committee's Mailing Address <u>38964 N. Pointe Parkway</u> <u>Harrison Twp. Mi.</u> Area Code and Phone <u>586-465-6004</u> <small>If the address in this box is different from the committee mailing address on the Statement of Organization, mail may be sent to this address by the filing official.</small>	6. Treasurer's Name & Residential Address <u>Mary Jean York</u> <u>38964 Northpointe Pkwy. Harrison Twp. Mi.</u> Area Code & Phone <u>(586) 465-6004</u>
Treasurer's Business Address <u>38964 Northpointe Parkway</u> <u>Harrison Twp. Mi.</u> Area Code and Phone ( )	8. Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper)  Area Code and Phone ( )

1. TYPE OF STATEMENT

9a. ☐ Pre-Election OR 9b. ☒ Post-Election

Pre-Election or Post-Election Statement relates to:

☒ Primary ☐ General  
☐ Convention ☐ School  
☐ Special ☐ Caucus

Date of Election, Convention or Caucus

Month Day Year

9c. ☐ Annual Statement ( Coverage Year)

9d. ☐ Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended)

9e. ☐ Dissolution of Candidate Committee

Effective Date of Dissolution

Month Day Year

By checking this item, I/We certify that the committee has no assets or outstanding debts, including late filing fees. Further, I/We request that if the dissolution cannot be granted, that this be considered a request for the Reporting Waiver.

Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.

A committee that does not have a Reporting Waiver must file all required Campaign Statements. The Campaign Statements must include all applicable Schedules. Direct contributions, in-kind contributions, loans, expenditures, and outstanding debts count against the \$1,000 Reporting Waiver threshold. If any of the information listed in items 2, 4, 5, 6, 7, or 8 has changed since the information was shown on the committee's Statement of Organization, an amendment to the Statement of Organization should accompany this Campaign Statement. If a request for a Reporting Waiver is not received on or before the filing deadline of a required campaign statement, that campaign statement cannot be waived.

10. Verification: I/We certify that all reasonable diligence was used in the preparation of this statement and attached schedules (if any) and to the best of my/our knowledge and belief the contents are true, accurate and complete.

Current Treasurer or Designated Record keeper	<u>Mary Jean York</u>	Date	Mo Day Year
	Type or Print Name	Signature	
Candidate	<u>Darrin S. York</u>	Date	Mo Day Year
	Type or Print Name	Signature	

1. Committee I.D. Number 137479  
2. Committee Name C E Derron York

## SUMMARY PAGE CANDIDATE COMMITTEE

RECEIPTS	Column I This Period	Column II Cumulative this election cycle
3. Itemized Contributions (Schedule 1A - Column 6)	(3.) \$ <u>1000<sup>00</sup></u>	(18.) \$ <u>1680<sup>00</sup></u>
4. Other Receipts (Schedule 1A-1, Column 6)	(4.) \$ <u>1356<sup>76</sup></u>	(19.) \$ <u>3906<sup>76</sup></u>
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3 + Line 4)	(5.) \$ <u>2356<sup>76</sup></u>	(20.) \$ <u>5586<sup>76</sup></u>
<b>IN-KIND CONTRIBUTIONS &amp; EXPENDITURES</b>		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ <u>0</u>	(21.) \$ <u>0</u>
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$ <u>0</u>	(22.) \$ <u>0</u>
<b>EXPENDITURES</b>		
8. Expenditures		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ <u>1356<sup>76</sup></u>	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$ <u>60<sup>00</sup></u>	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$ <u>0</u>	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$ <u>1416<sup>76</sup></u>	(23.) \$ <u>3906<sup>76</sup></u>
<b>INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)</b>		
10. Disbursements		
a. Itemized (Schedule 1C, Column 6)	(10a.) \$ <u>0</u>	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$ <u>0</u>	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(11.) \$ <u>0</u>	(24.) \$ <u>0<sup>00</sup></u>
<b>DEBTS AND OBLIGATIONS</b>		
12. Debts and Obligations		
a. Owed by the Committee (Schedule 1E)	(12a.) \$ <u>3906<sup>76</sup></u>	
b. Owed to the Committee (Schedule 1E)	(12b.) \$ <u>0</u>	
<b>BALANCE STATEMENT</b>		
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$ <u>680<sup>52</sup></u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u>2356<sup>76</sup></u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$ <u>3037<sup>33</sup></u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>1416<sup>76</sup></u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>1620<sup>52</sup></u>	

\*If your ending balance is negative, please recheck your math.

**ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE**

1. Committee I.D. Number 137479

2. Committee Name CTE Darrin York

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee. (PAC) Report all contributions from committees regardless of amount.

Contribution #1 PAC Receipt? ☐ YES 4. Date of Receipt 8-22-04  
Name: Robert & Pamela Laiky  
Address: 16423 Woodstream  
Clinton Twp. MI 48034  
If over \$100.00 cumulative, please provide:  
Occupation Software Consultant Employer Technet  
Business Address 31780 Mound Rd. Sterling Heights, MI 48310  
Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser

6. Amount

7. Cumulative for  
Election Cycle for Each  
Contributor (Through  
date of receipt)

500<sup>00</sup>

500<sup>00</sup>

Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt 8-16-04  
Name: James Sesnie  
Address: 403 Roland Ct.  
Grosse Pt. Farms, MI 48236  
If over \$100.00 cumulative, please provide:  
Occupation Retired Employer \_\_\_\_\_  
Business Address \_\_\_\_\_  
Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser

500<sup>00</sup>

500<sup>00</sup>

Contribution #3 PAC Receipt? ☐ YES 4. Date of Receipt \_\_\_\_\_  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
If over \$100.00 cumulative, please provide:  
Occupation \_\_\_\_\_ Employer \_\_\_\_\_  
Business Address \_\_\_\_\_  
Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser

Contribution #4 PAC Receipt? ☐ YES 4. Date of Receipt \_\_\_\_\_  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
If over \$100.00 cumulative, please provide:  
Occupation \_\_\_\_\_ Employer \_\_\_\_\_  
Business Address \_\_\_\_\_  
Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser

Page Subtotal  
Grand Total of All Schedules 1A  
(Complete on last page of Schedule)

1000<sup>00</sup>

Enter this total on  
line 3 of Summary  
Page.

**ITEMIZED OTHER RECEIPTS**  
**SCHEDULE 1A-1**  
**CANDIDATE COMMITTEE**

1. Committee I.D. Number 137479  
 2. Committee Name CTE Derrin York

3. Name & Address From Whom Received	4. Date of Receipt	5. Type of Receipt	6. Amount
Receipt #1 Name: <u>Derrin York</u> Address: <u>38964 N. Pointe</u> <u>Harrison Twp. MI 48045</u>	Date of Receipt <u>7-27-04</u>	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate <input checked="" type="checkbox"/> Other (Specify) <u>Loan to CTE</u> <u>From candidate</u>	740 <sup>76</sup>
Receipt #2 Name: <u>Derrin York</u> Address: <u>38964 N. Pointe Pkwy.</u> <u>Harrison Twp. MI 48045</u>	Date of Receipt <u>7-22-04</u>	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate <input checked="" type="checkbox"/> Other (Specify) <u>Loan to CTE</u> <u>From candidate</u>	616 <sup>00</sup>
Receipt #3 Name: _____ Address: _____	Date of Receipt _____	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate <input type="checkbox"/> Other (Specify) _____	
Receipt #4 Name: _____ Address: _____	Date of Receipt _____	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate <input type="checkbox"/> Other (Specify) _____	
Receipt #5 Name: _____ Address: _____	Date of Receipt _____	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate <input type="checkbox"/> Other (Specify) _____	
Receipt #6 Name: _____ Address: _____	Date of Receipt _____	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate <input type="checkbox"/> Other (Specify) _____	
Receipt #7 Name: _____ Address: _____	Date of Receipt _____	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate <input type="checkbox"/> Other (Specify) _____	
Page Subtotal Grand Total of All Schedules 1A-1 (Complete on last page of Schedule)			1356 <sup>76</sup>

Enter this total on  
 line 4 of Summary  
 Page

**ITEMIZED EXPENDITURES  
SCHEDULE 1B  
CANDIDATE COMMITTEE**

1. Committee I. D. Number 137479  
2. Committee Name CTE Dennis York

3. Name and address of person or vendor to whom paid	4. Purpose (Describe specific purpose and you may assign an Expenditure Code)	5. Date	6. Amount
<b>Expenditure #1</b> Name <u>Manhattan Mailers</u> Address <u>51132 Milano Dr.</u> <u>Macomb, MI 48042</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>mailings</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>7-27-04</u>	<u>740<sup>76</sup></u>
<b>Expenditure #2</b> Name <u>C &amp; G Publishing</u> Address <u>13650 11 mile Rd.</u> <u>Warren, MI 48089</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Newspaper Ad</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>7-22-04</u>	<u>616<sup>00</sup></u>
<b>Expenditure #3</b> Name _____ Address _____ <input type="checkbox"/> Fund Raiser	Purpose: _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement		
<b>Expenditure #4</b> Name _____ Address _____ <input type="checkbox"/> Fund Raiser	Purpose: _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement		
<b>Expenditure #5</b> Name _____ Address _____ <input type="checkbox"/> Fund Raiser	Purpose: _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement		

Subtotal this page  
Grand Total of all Schedules 1B  
(Complete on last page of Schedule)

1356<sup>76</sup>  
1356<sup>76</sup>

Enter this total  
on line 8a of  
Summary Page



**EXPENDITURES FOR GET-OUT-THE VOTE ACTIVITIES**  
**SCHEDULE 1 B - G**  
**CANDIDATE COMMITTEE**

1. Committee I.D. Number 137479

2. Committee Name C/E Darren York

USE THIS FORM TO REPORT EXPENDITURES MADE FOR ELECTION DAY BUSING OF VOTERS TO THE POLLS, FOR SLATE CARDS, CHALLENGERS, POLL WATCHERS, POLL WORKERS, AND GET-OUT-THE VOTE ACTIVITY. Describe the specific Get-Out-The -Vote activity in item 4f.

**ALL EXPENDITURES ARE REQUIRED TO BE ITEMIZED.**

Name and address of person or vendor to whom the expenditure was made	4. Type of Activity	5. Date	6. Amount
Expenditure #1 Name & Address: <u>Total Sports</u> <u>40501 Production Drive</u> <u>Harrison Twp, Mi</u>	a. <input type="checkbox"/> Election Day Busing of Voters To The Polls b. <input type="checkbox"/> Slate Cards c. <input type="checkbox"/> Challengers d. <input checked="" type="checkbox"/> Poll Watchers e. <input type="checkbox"/> Poll Workers f. <input type="checkbox"/> Get-Out-The Vote Activity (Specify): _____	<u>8-3-07</u>	<u>\$60.00</u>
For Activity Type b-f, check one: <input checked="" type="checkbox"/> In-Kind <input type="checkbox"/> Independent	<input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement		
In support of, or in opposition to, a ballot proposal, check one: <input type="checkbox"/> Support <input type="checkbox"/> Oppose			
Statewide Proposal Name _____	Local Proposal Name _____	Indicate County _____	
Expenditure #2 Name & Address:	a. <input type="checkbox"/> Election Day Busing of Voters To The Polls b. <input type="checkbox"/> Slate Cards c. <input type="checkbox"/> Challengers d. <input type="checkbox"/> Poll Watchers e. <input type="checkbox"/> Poll Workers f. <input type="checkbox"/> Get-Out-The Vote Activity (Specify): _____		<u>\$ _____</u>
For Activity Type b-f, check one: <input type="checkbox"/> In-Kind <input type="checkbox"/> Independent	<input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement		
In support of, or in opposition to, a ballot proposal, check one: <input type="checkbox"/> Support <input type="checkbox"/> Oppose			
Statewide Proposal Name _____	Local Proposal Name _____	Indicate County _____	
Expenditure #3 Name & Address:	a. <input type="checkbox"/> Election Day Busing of Voters To The Polls b. <input type="checkbox"/> Slate Cards c. <input type="checkbox"/> Challengers d. <input type="checkbox"/> Poll Watchers e. <input type="checkbox"/> Poll Workers f. <input type="checkbox"/> Get-Out-The Vote Activity (Specify): _____		<u>\$ _____</u>
For Activity Type b-f, check one: <input type="checkbox"/> In-Kind <input type="checkbox"/> Independent	<input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement		
In support of, or in opposition to, a ballot proposal, check one: <input type="checkbox"/> Support <input type="checkbox"/> Oppose			
Statewide Proposal Name _____	Local Proposal Name _____	Indicate County _____	

Subtotal this page  
Grand Total of all Schedules 1B-G  
(Complete on last page of Schedule)

60.00  
60.00

Enter total  
on Line 8b  
Summary Page



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

DEBTS AND OBLIGATIONS  
SCHEDULE 1E  
CANDIDATE COMMITTEE

1. Committee I.D. Number

137479

2. Committee Name

CPE Darren York

This Schedule itemizes:

a. ☒ Debts and obligations owed by or forgiven the committee OR b. ☐ Debts and obligations owed to or forgiven by the committee.  
(Check either a or b. Use only for the purpose checked.)

3. Name and Mailing Address of person, vendor or financial institution to whom debt is owed.

Check box to indicate whether debt is owed to an incorporated business. If debt is a bank loan, please provide information regarding the endorser or guarantors, if any.

Debt #1 Corp? ☐ Yes  
Owed to or by:

Darren York  
38964 N. Pointe  
Harrison Twp. Mi.

4. Type of Obligation  
(Indicate type and you may assign an expenditure code)  
5. Indicate date debt was incurred  
6. Indicate original amount of debt

4. Type: Loan  
5. Date Debt Was Incurred: 6-24-04  
6. Original Amount of Debt: \$ 2500<sup>00</sup>

7. Date and amount of each payment

1 1 \$  
1 1 \$  
1 1 \$  
1 1 \$  
1 1 \$

8. Cumulative payment to date on debt

\$ 0

9. Outstanding Balance at close of this period (Item 6 minus Item 8)

\$ 2500<sup>00</sup>  
☐ FORGIVEN

Amount Endorsed: \$

If bank loan, name of endorser or guarantor:

Debt #2 Corp? ☐ Yes  
Owed to or by:

Darren York  
38964 N. Pointe  
Harrison Twp. Mi.

4. Type: Loan  
5. Date Debt Was Incurred: 7-19-04  
6. Original Amount of Debt: \$ 50<sup>00</sup>

1 1 \$  
1 1 \$  
1 1 \$  
1 1 \$  
1 1 \$

\$ 0

50<sup>00</sup>  
☐ FORGIVEN

Amount Endorsed: \$

If bank loan, name of endorser or guarantor:

Debt #3 Corp? ☐ Yes  
Owed to or by:

Darren York  
38964 N. Pointe Pkwy.  
Harrison Twp. Mi.

4. Type: Loan  
5. Date Debt Was Incurred: 7-27-04  
6. Original Amount of Debt: \$ 740<sup>76</sup>

1 1 \$  
1 1 \$  
1 1 \$  
1 1 \$  
1 1 \$

\$ 0

740<sup>76</sup>  
☐ FORGIVEN

Amount Endorsed: \$

Page Subtotal (Outstanding debt)

3290<sup>76</sup>

Grand Total of all Schedules 1E

(Complete on last page of Schedule showing amounts owed by or to the committee)

A debt or obligation must be shown on this Schedule if there was an outstanding amount owed on it at the closing date of this Campaign Statement or it was forgiven during the period covered by this Campaign Statement.

Enter this total on line 12a "owed by" or line 12b "owed to" of the Summary Page



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

DEBTS AND OBLIGATIONS  
SCHEDULE 1E  
CANDIDATE COMMITTEE

1. Committee I.D. Number 137479  
2. Committee Name CVE Darrin York

This Schedule itemizes:

a. ☐ Debts and obligations owed by or forgiven the committee OR b. ☐ Debts and obligations owed to or forgiven by the committee.  
(Check either a or b. Use only for the purpose checked.)

3. Name and Mailing Address of person, vendor or financial institution to whom debt is owed.

Check box to indicate whether debt is owed to an incorporated business. If debt is a bank loan, please provide information regarding the endorser or guarantors, if any.

Debt #1 Corp? ☐ Yes  
Owed to or by:

Darrin York  
38964 N. Pointe  
Harrison Twp. MI

4. Type of Obligation (Indicate type and you may assign an expenditure code)  
5. Indicate date debt was incurred  
6. Indicate original amount of debt

4. Type: Loan  
5. Date Debt Was Incurred: 7.22.04  
6. Original Amount of Debt: \$ 616<sup>00</sup>

7. Date and amount of each payment

1 / 1 \$  
1 / 1 \$  
1 / 1 \$  
1 / 1 \$  
1 / 1 \$

8. Cumulative payment to date on debt

\$ 0

9. Outstanding Balance at close of this period (Item 6 minus Item 8)

\$ 616<sup>00</sup>  
☐ FORGIVEN

Amount Endorsed: \$

If bank loan, name of endorser or guarantor:

Debt #2 Corp? ☐ Yes  
Owed to or by:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Type: \_\_\_\_\_  
5. Date Debt Was Incurred: \_\_\_\_\_  
6. Original Amount of Debt: \_\_\_\_\_  
\$ \_\_\_\_\_

1 / 1 \$  
1 / 1 \$  
1 / 1 \$  
1 / 1 \$  
1 / 1 \$

\$ \_\_\_\_\_

☐ FORGIVEN

Amount Endorsed: \$

If bank loan, name of endorser or guarantor:

Debt #3 Corp? ☐ Yes  
Owed to or by:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Type: \_\_\_\_\_  
5. Date Debt Was Incurred: \_\_\_\_\_  
6. Original Amount of Debt: \_\_\_\_\_  
\$ \_\_\_\_\_

1 / 1 \$  
1 / 1 \$  
1 / 1 \$  
1 / 1 \$  
1 / 1 \$

\_\_\_\_\_

☐ FORGIVEN

Amount Endorsed: \$

Page Subtotal (Outstanding debt)

Grand Total of all Schedules 1E

(Complete on last page of Schedule showing amounts owed by or to the committee)

616<sup>00</sup>  
3906<sup>76</sup>

Enter this total on line 12a "owed by" or line 12b "owed to" of the Summary Page

A debt or obligation must be shown on this Schedule if there was an outstanding amount owed on it at the closing date of this Campaign Statement or it was forgiven during the period covered by this Campaign Statement.